

# Application for Employment

PART 1

PLEASE PRINT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative or the Human Resources Department.

Position(s) applied for: \_\_\_\_\_ Date of application: \_\_\_\_\_

Referral Source ☐ Advertisement ☐ Employee ☐ Relative ☐ Government Employment Agency  
☐ Walk-in ☐ Private Employment Agency ☐ Other: \_\_\_\_\_

Name of source (if applicable) \_\_\_\_\_

Name: \_\_\_\_\_ DOB/\_\_\_\_\_  
LAST FIRST MIDDLE

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Telephone # \_\_\_\_\_ Mobile/beeper/other phone # \_\_\_\_\_ Social Security # \_\_\_\_\_  
A.M. P.M.

If necessary, best time to call you at home is,-----

May we contact you at work?----- ☐ yes ☐ no  
A.M. P.M.

If yes, work number and best time to call -----

If you are under 18 and it is required, can you furnish a work permit?----- ☐ yes ☐ no

If no, please explain \_\_\_\_\_

Have you submitted an application here before?----- ☐ yes ☐ no

If yes, give date(s) ----- / /

Have you ever been employed here before?----- ☐ yes ☐ no

If yes, give dates----- From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you legally eligible for employment in this country?----- ☐ yes ☐ no

Date available for work ----- / /

Type of employment desired ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Seasonal ☐ Educational Only

Will you relocate if job requires it?----- ☐ yes ☐ no Will you travel if job requires it ---- ☐ yes ☐ no

Are you able to meet the attendance requirements of the position?----- ☐ yes ☐ no

Will you work overtime if required? ----- ☐ yes ☐ no

If no, please explain \_\_\_\_\_

Have you ever been bonded? ----- ☐ yes ☐ no

Have you been convicted of a crime in the last seven (7) years? ----- ☐ yes ☐ no

If yes, please explain \_\_\_\_\_

CONVICTIONS WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT, EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.

## Employment History

Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE	DATES EMPLOYED FROM TO		SUMMARIZE THE TYPE WORK PERFORMED AND JOB RESPONSIBILITY
ADDRESS		HOURLY RATES/SALARY STARTING		
JOB TITLE			PER	
IMMEDIATE SUPERVISOR AND TITLE		HOURLY RATES/SALARY FINAL		
REASON FOR LEAVING			PER	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER				
EMPLOYER	TELEPHONE	DATES EMPLOYED FROM TO		SUMMARIZE THE TYPE WORK PERFORMED AND JOB RESPONSIBILITY
ADDRESS		HOURLY RATES/SALARY STARTING		
JOB TITLE			PER	
IMMEDIATE SUPERVISOR AND TITLE		HOURLY RATES/SALARY FINAL		
REASON FOR LEAVING			PER	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER				
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ADDRESS		HOURLY RATES/SALARY STARTING		
JOB TITLE			PER	
IMMEDIATE SUPERVISOR AND TITLE		HOURLY RATES/SALARY FINAL		
REASON FOR LEAVING			PER	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER				
EMPLOYER	TELEPHONE	DATES EMPLOYED FROM TO		SUMMARIZE THE TYPE WORK PERFORMED AND JOB RESPONSIBILITY
ADDRESS		HOURLY RATES/SALARY STARTING		
JOB TITLE			PER	
IMMEDIATE SUPERVISOR AND TITLE		HOURLY RATES/SALARY FINAL		
REASON FOR LEAVING			PER	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER				

Comments, including explanation of any gaps in employment: \_\_\_\_\_

Skills and Qualifications – Summarize any special training, skill, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

## Educational Background IF JOB RELATED

A. List last three (3) schools attended, starting with the most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank. E. Major field of study. F. Minor field of study (if applicable).

A. SCHOOL	B. NUMBER OF YEARS COMPLETED	C. DEGREE DIPLOMA	D. CPA CLASS RANK	E. MAJOR	F. MINOR

## References

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE	YEARS KNOWN

## Additional information

List professional, trade, business, or civic associations and any offices held.

EXCLUDE MEMBERSHIP WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR ANY OTHER SIMILARY PROTECTED STATUS.

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards, etc.

EXCLUDE INFORMATION WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE COLOR DISABILITY OR ANY OTHER PROTECTED STATUS.

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List any additional information you would like us to consider:

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# Affirmative Action Voluntary Information

COMPLETION OF INFORMATION BELOW IS VOLUNTARY

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similar protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this is not a part of your official application of employment. It will not be used in any hiring decision. The information will be used and kept in confidential in accordance with applicable laws and regulations.

PLEASE PRINT

Position(s) applied for \_\_\_\_\_ Date \_\_\_\_\_

## Referral Source

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Walk-in                      | <input type="checkbox"/> Government Employment Agency | <input type="checkbox"/> Private Employment Agency |
| <input type="checkbox"/> Employee                     | <input type="checkbox"/> Relative                     | <input type="checkbox"/> School                    |
| <input type="checkbox"/> Advertisement – Source _____ |   | <input type="checkbox"/> Other _____               |

Name of person whom referred you IF APPLICABLE \_\_\_\_\_

## Applicant Information

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

LAST

FIRST

MIDDLE

Address: \_\_\_\_\_

STREET

CITY

STATE

ZIP

☐ Male

☐ Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- |   |   |                                   |
|---|---|-----------------------------------|
| <input type="checkbox"/> White (not of Hispanic origin) | <input type="checkbox"/> Black (not of Hispanic origin) | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian/Pacific Islander         |                                   |

## For Administrative Use Only

Position(s) applied for ☐ Available ☐ Not Available

Other positions considered for \_\_\_\_\_

Hired ☐ yes ☐ no

Position Hired for \_\_\_\_\_ Date of hire \_\_\_\_/\_\_\_\_/\_\_\_\_

From the EEO job classifications listed below, which one best describes the position filled?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Officials and Managers | <input type="checkbox"/> Sales Workers               | <input type="checkbox"/> Operatives (semi – skilled) |
| <input type="checkbox"/> Professionals          | <input type="checkbox"/> Office and Clerical Workers | <input type="checkbox"/> Laborers (unskilled)        |
| <input type="checkbox"/> Technicians            | <input type="checkbox"/> Craft Workers (skilled)     | <input type="checkbox"/> Service Worker              |

Notes: \_\_\_\_\_

Completed by \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives from seeking, gathering and using such information and all other persons, corporations or organizations from furnishing such information.

The employer does not unlawfully discriminate in employment and no questions on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that do representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_